



Motor Vehicle Division

www.dot.state.az.us

Mail Drop 552M
Dealer Licensing
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100
602-712-7571

MOTOR VEHICLE DEALER APPLICATION

MVD License Number

- New Application
- Add Branch Office
- Business Name Change
- Change Of Location

- Must be completed in full or will be returned.
- Criminal Records Check fee must be by cashier's check or money order payable to the Arizona Department of Public Safety.
- All other fees may be by check or money order payable to Motor Vehicle Division.
- If additional space is needed, attach separate sheet.
- See the **Fee Schedule** for other fees to be invoiced and payment requirements.

Fees to be paid now with New Application:

Application..... \$15
Criminal Records Check \$29

1. I hereby make application for a license to engage in the business of a (check appropriate box):

- New Motor Vehicle Dealer
- Wholesale Motor Vehicle Dealer
- Broker
- Used Motor Vehicle Dealer
- Wholesale Motor Vehicle Auction Dealer
- Automotive Recycler
- Title Service Company

2. Yes No Are you applying for a provisional license?

3. New Products – For dealers selling new products, list the names of products you are authorized to sell. A written notice of authorization from the manufacturers and/or distributors must accompany this application.

Product Names			

4. Business Information

Business Type			
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC <input type="checkbox"/> LLP
Business Name			
Doing Business As (DBA)			
Mailing Address		City	State Zip

5. Established Business Address

Address (if different from Mailing Address)		City	State	Zip
Office Days and Hours				
<input type="checkbox"/> M:	<input type="checkbox"/> Tu:	<input type="checkbox"/> W:	<input type="checkbox"/> Th:	<input type="checkbox"/> F: <input type="checkbox"/> Sa: <input type="checkbox"/> Su:
Phone Number ()	Fax Number ()	County		
Principal Owner E-mail Address				

6. Business Contact – Attach a letter indicating the scope of authority the contact person will have regarding company operations.

Name		Title
Phone Number ()	Fax Number ()	E-mail Address

7. Yes No Is there an existing dealership/automotive recycler at the business address? If yes, complete the following:

Existing Dealership/Recycler Name and Explanation

8. Applicants: Use full name. Do not use initials. If no middle name, write "None". Title: Sole Owner; Partner; Corporate Officer (President, Vice President, Secretary, etc.), Director, and Agent; and all Stockholders owning 20% or more of the corporation.

A. Applicant Name (first, middle, last, suffix)		Title		
Residence Address		City	State	Zip
Residence Phone Number ()	Stock Percentage (if applicable)			

B. Applicant Name (first, middle, last, suffix)		Title		
Residence Address		City	State	Zip
Residence Phone Number ()	Stock Percentage (if applicable)			

C. Applicant Name (first, middle, last, suffix)		Title		
Residence Address		City	State	Zip
Residence Phone Number ()	Stock Percentage (if applicable)			

D. Applicant Name (first, middle, last, suffix)		Title		
Residence Address		City	State	Zip
Residence Phone Number ()	Stock Percentage (if applicable)			

9. If a corporation is not a resident in this state, it shall designate an Arizona resident agent upon whom service of process may be made.

Name of Individual/Corporation Upon Whom Service Can Be Made		Phone Number ()	
Arizona Business Address		City	Zip

10. Yes No Within the past 5 years, has any person listed on this application had a **similar license suspended, revoked or canceled** in this or any other state? If yes, complete the following.

Name (first, middle, last, suffix)		Year License Was Suspended, Revoked or Canceled	
Business Name			
State	Country	License Status	

11. Yes No Within the past 10 years, has any person listed on this application been convicted of **fraud or an auto-related felony** in any state, territory or possession of the United States or foreign country? If yes, complete the following.

Name (first, middle, last, suffix)			Conviction Date
Original Charge	State	Country	
Court Disposition/Action			

12. Yes No Within the past 5 years, has any person listed on this application been convicted of a **felony, other than described above**, in any state, territory or possession of the United States or foreign country? If yes, complete the following.

Name (first, middle, last, suffix)		Conviction Date
Original Charge	State	Country
Court Disposition/Action		

Site Information

This portion to be completed in full. Please indicate (N/A) if not applicable.

13. Business Sign

- a. Yes No N/A Is the sign permanently affixed or erected?
If no, date of permanent affixture: _____
- b. Yes No N/A Is the sign legible for 300 feet during daylight?
- c. Sign affixed to: Building Driveway Entrance Residence Office Entrance
- d. Sign reads: _____

14. Established Place Of Business To Be Licensed

- a. Yes No N/A Is there sufficient space designated to display two or more vehicles?
- b. Yes No N/A Will the building be devoted principally to the dealership business?
If no, provide reason: _____
- c. The place of business is a: Building Suite Trailer Residence
- (1) Yes No N/A If suite, does it have its own private entrance from the outside?
- (2) Yes No N/A If trailer, is it permanently affixed?

15. Record Keeping

- a. Yes No Will the records be maintained at the Established Business Address shown on the front?
If no, where will records be maintained? _____
- b. Yes No N/A If a residence, is there space designated for storage of records?

Continuation Fee

Every motor vehicle dealer, automotive recycler, title service or wholesale motor vehicle dealer license must be continuous from the date of issuance. A continuation fee must be made on or before the continuation date of each year. If filed after the continuation date, the fee will be deemed delinquent and a penalty equal to the fee will be added and collected.

Certification

I hereby certify that my assigned motor vehicle dealer, automotive recycler, title service or wholesale motor vehicle dealer license will not be sold, leased, rented or loaned, nor used for any purpose other than in the conduct of business by this dealership at the licensed established place of business or place of business. The business to be carried on, if license herein applied for is granted, will be conducted in compliance with the laws of the State of Arizona.

I understand that Arizona law requires a licensee to notify the Motor Vehicle Division **within 30 days** when an officer, director, partner, agent or stockholder owning 20% of the corporation is added or changed.

If individual, must be signed by owner. If partnership, must be signed by all partners. If corporation, must be signed by one corporate officer.

Owner, Partner, Officer Signature	Title	Date
2nd Partner Signature	Date	
3rd Partner Signature	Date	
4th Partner Signature	Date	

- New Application Add Branch Office
 Business Name Change Change Of Location

Business Name

MVD Use Only

Receive Application

Received And Accepted By Date

	Count	Amount
Money Orders	<input style="width: 100px; height: 30px;" type="text"/>	<input style="width: 100px; height: 30px;" type="text"/>
Checks	<input style="width: 100px; height: 30px;" type="text"/>	<input style="width: 100px; height: 30px;" type="text"/>
Other	<input style="width: 100px; height: 30px;" type="text"/>	<input style="width: 100px; height: 30px;" type="text"/>

Review And/Or Process Application

Reviewed By Date Accepted Return
 Date Fees Posted To ARMANI Date Background Check Sent To CRCU

Receive Background Check Report From CRCU

Accepted By Date

Prepare Invoice And Site Inspection Packet

Processed By Date
 Invoice Amount Invoice Number Supervisor Approval Date Packet Sent To OSI

Receive OSI Site Assessment Results (Initial)

Accepted By Date

Receive OSI Site Assessment Results (Follow-up)

Accepted By Date

Process Payment and License/Plates

Processed By Date
 Date Payment Received Payment Amount Check/Money Order # Date Fees Posted To ARMANI Date License/Plates Expires
 Supervisor Approval Date License/Plates Mailed To Dealer

Confirm License/Plates Have Been Received

Confirmed By Date Business Contact Person
 License/Plates Received Resolution Date
 Yes No (if no, describe resolution)
 Resolution